Duval County Epidemiology Surveillance Report

The Florida Department of Health (FDOH) in Duval County, Epidemiology

August 2015

Public Health Surveillance

Surveillance is a key core public health function and has been defined as the regular collection, meaningful analysis, and routine dissemination of relevant data for providing opportunities for public health action to prevent and control disease. Surveillance is done for many reasons such as identifying cases of diseases posing immediate risk to communities, detecting clusters and monitoring trends of disease that may represent outbreaks, evaluating control and prevention measures and developing hypotheses for emerging diseases.

Within Duval County, surveillance data is obtained through:

- Reports of notifiable diseases and conditions by providers (Merlin)
- Laboratory data from the Bureau of Laboratories
- Emergency department (ED) syndromic surveillance as monitored through Electronic Surveillance System for the Early Notification of Community- based Epidemics (ESSENCE)
- Florida Poison Information Center Network (FPICN)
- ILINet Sentinel Provider Influenza Surveillance
- Passive reports from the community
  - Notifiable diseases
  - Outbreaks

Report Summary – August 2015

The month of August included a variety of surveillance and investigation activities within Duval County. These included monitoring enteric disease activity, influenza and RSV surveillance, and investigating numerous cases of reportable illness.

Enteric disease activity has begun to plateau. FDOH in Duval continues to observe low levels of influenza-like illness (ILI) and respiratory viruses circulating in Duval.

The recent increase in cough illness associated with the return to school is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's *notable investigation of the month* summarizes an outbreak of norovirus associated with a local wedding in Duval County.

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Notable Investigation of the Month

In late August, DOH-Duval Epidemiology was contacted by a hospital infection control nurse regarding a possible foodborne outbreak associated with a wedding held at a local hotel. A peak in 'food poisoning' visits of interest was noticed on ESSENCE-FL, which correlated with the event and was clustered around a single hospital.

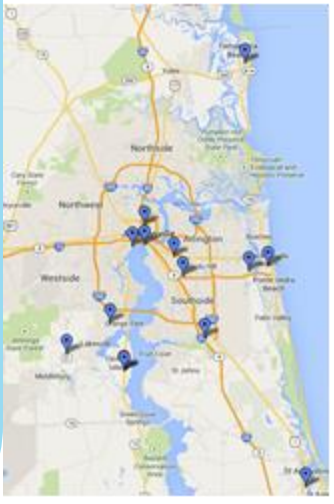
About fifty guests attended the dinner and the initial report stated that about half of the guests were ill with symptoms of nausea, vomiting and diarrhea. A total of nine guests were treated and released from a single ER in one day. Stool cultures were collected on three attendees; all three were positive for norovirus G2.

The regional environmental epidemiologist (REE) was notified, as well as the Department of Business and Professional Regulations (DBPR), and a foodborne outbreak investigation was started. At this time FDOH-Duval has completed forty interviews using a standardized survey to assess common food exposures at both the rehearsal dinner and the wedding reception. The rehearsal meal was prepared by family and friends, and the reception meal was catered by a local hotel.

Out of the forty people interviewed 27 (67.50%) reported becoming ill. Diarrhea was the most commonly reported symptom 26 (65%) cases reporting the symptom, 21 (52.50%) reported nausea and 18 (45%) reporting vomiting.

A joint environmental health investigation between DBPR, FDOH-Duval and the REE was completed and noted no violations. Interview data has been analyzed using CDC's Epi-info 7 to determine which food sources have the highest statistical association with illness among cases versus controls. The investigation is ongoing.

Figure 1: ESSENCE Hospitals



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Report prepared by Haley Zachary, MSPH – haley.zachary@flhealth.gov All data are provisional.

Enteric Disease Overview

Summary

Thirty-two (32) cases of salmonellosis were reported in the month of August, which is less than the average reported over the previous five years (Figure 2&4). The mean number of cases for the same time period during the previous five years was 54.6 cases for August. The most represented age group of reported cases of salmonellosis for 2015 (81/181, 44.7%) occurred in the 0-4 age group. There were five (5) reported cases of shigellosis during August, which is a decrease from the fifteen (15) cases seen in July (Figure 2&5). The mean number of cases for the same time period during the previous five years was 14.6 cases for August. Cases of cryptosporidiosis (6) and giardiasis (4) both increased from July to August, while cases of campylobacteriosis remained steady at ten cases for both months.

Reported norovirus activity is low in Florida. During August, two outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. One outbreak occurred in Duval County and is discussed in the Notable Investigation of the Month section (Source: FDENS EpiCom & FDOH in Duval surveillance).

For prevention information, visit http://www.cdc.gov/norovirus/ & http://www.floridahealth.gov/diseases-and-conditions/norovirus-infection/index.html

ESSENCE Reportable Disease Surveillance Data

Figure 2: Reported Cases of Select Enteric Conditions by Report Month, Duval County, July 2012 – August 2015

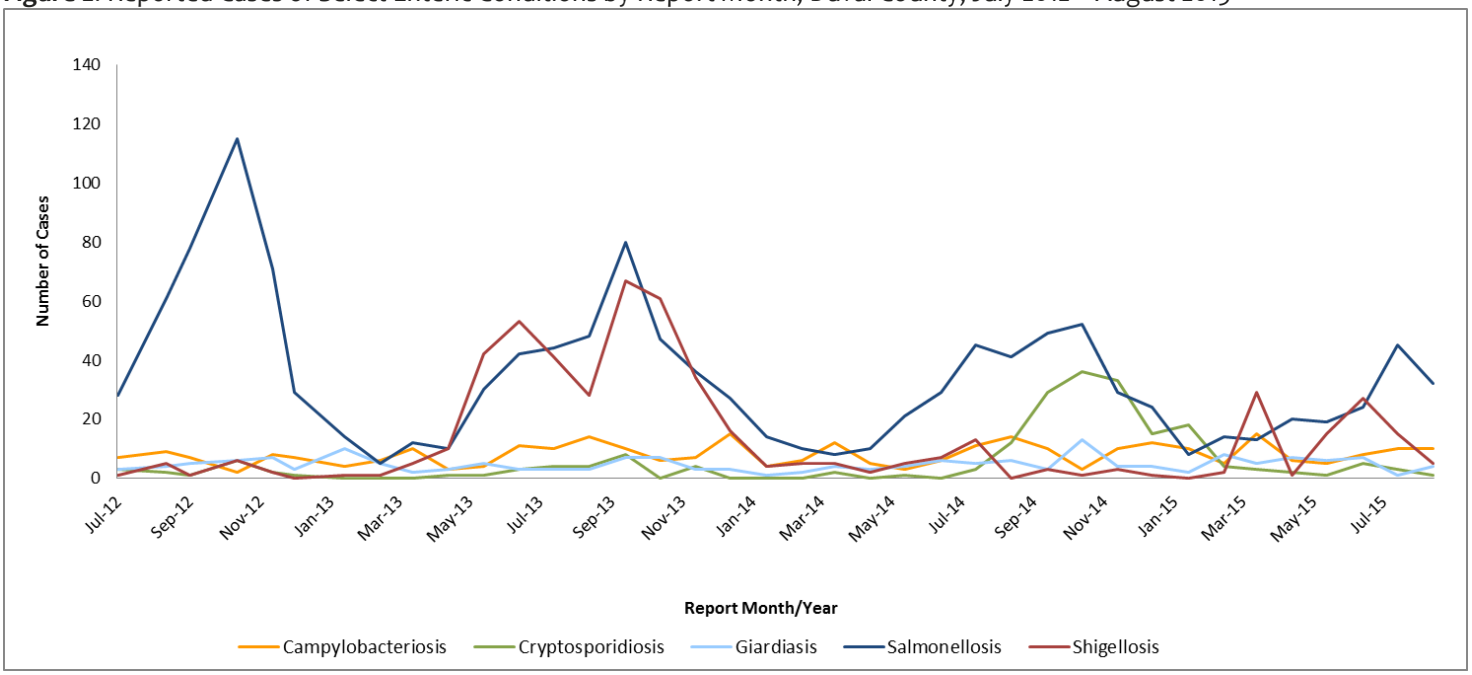
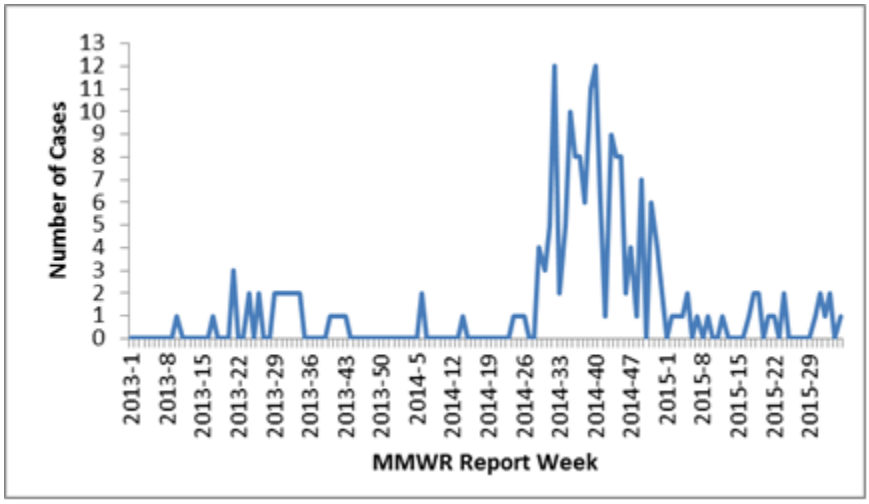
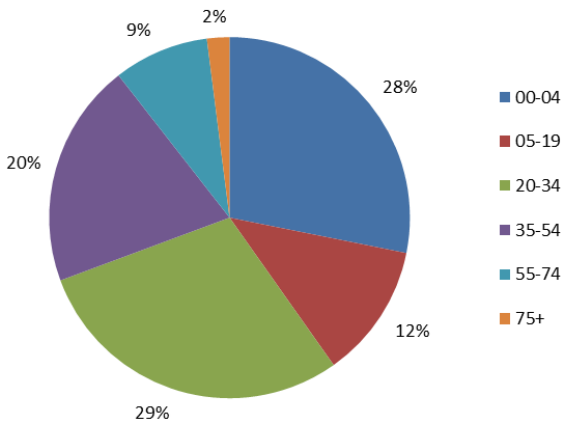


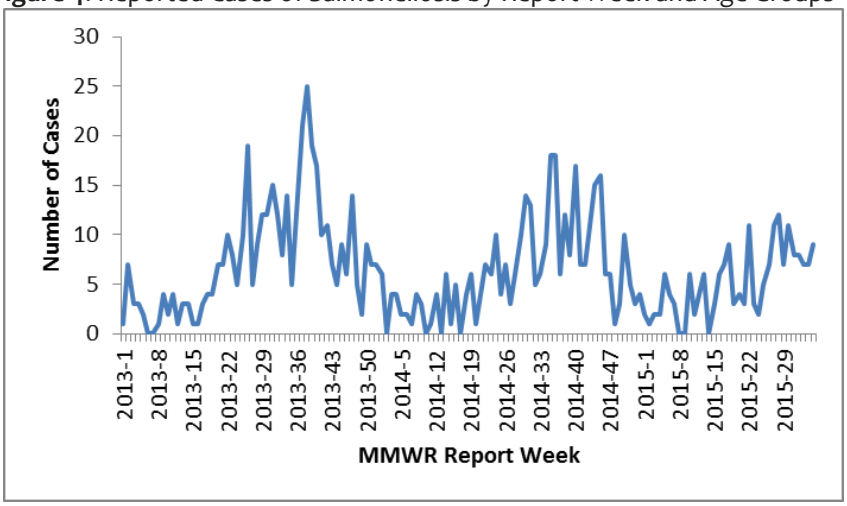
Figure 3: Reported Cases of Cryptosporidiosis by Report Week and Age Groups- Duval County – Jan. 2013 – Aug. 2015





Enteric Disease Overview Continued

Figure 4: Reported Cases of Salmonellosis by Report Week and Age Groups- Duval County – Jan. 2013 – Aug. 2015



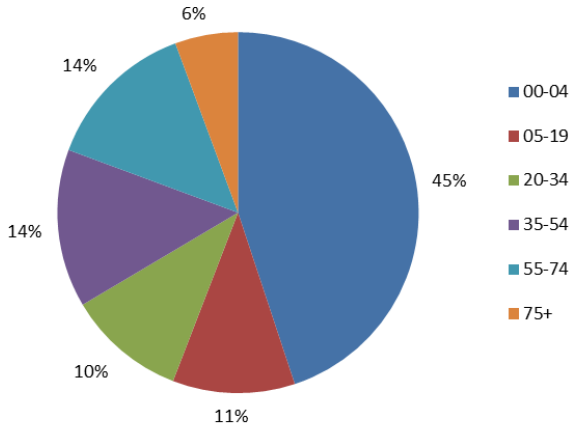
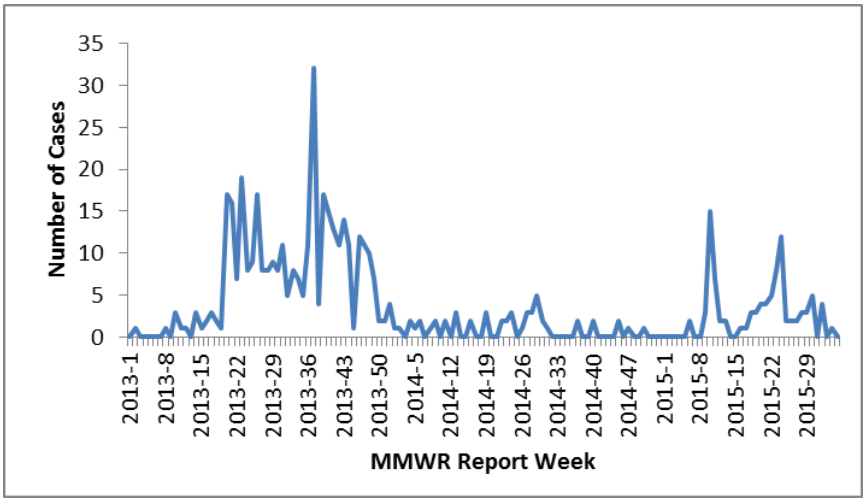


Figure 5: Reported Cases of Shigellosis by Report Week and Age Groups- Duval County – Jan. 2013 – Aug. 2015



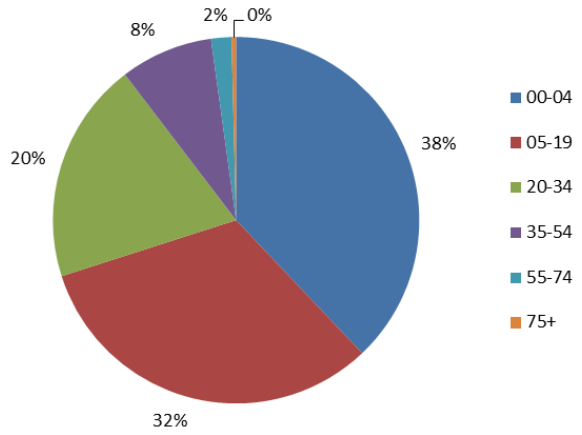
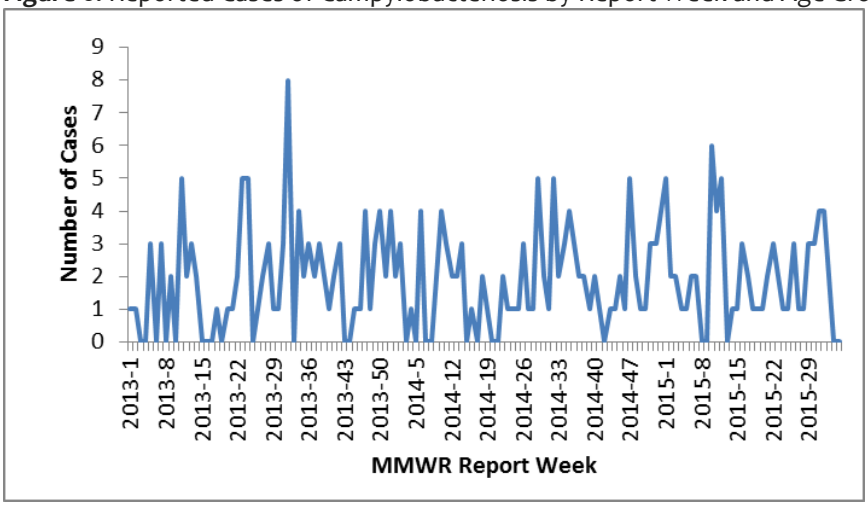
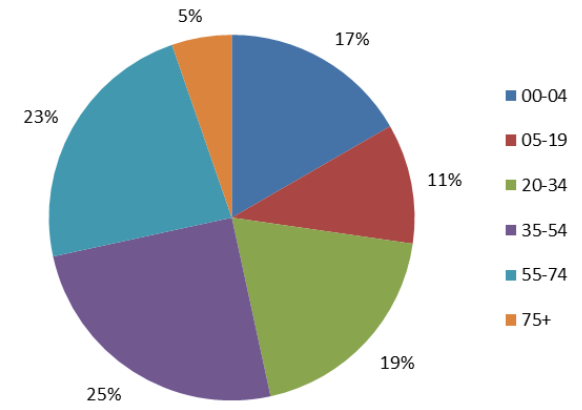


Figure 6: Reported Cases of Campylobacteriosis by Report Week and Age Groups- Duval County – Jan. 2013 – Aug. 2015





Respiratory Disease & ILI Overview

Summary

Currently, influenza-like illness (ILI) activity is at a low level and continues at a plateau. In Duval County, ED visits for ILI as monitored through ESSENCE remained below 1% since week 20 (Figure 7). The 2015-2016 influenza season is set to start during week 40 beginning October 4, 2015. During August, zero (0) specimen tested positive for influenza, as tested by the Bureau of Public Health Laboratories (BPHL). Seventeen (17) cases of influenza were detected by private labs during August; eleven (11) were positive for Influenza B Florida, and six (6) were positive for Influenza A H3 (as reported through Electronic Lab Reporting (ELR), (Figure 8)). Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, human metapneumovirus, and respiratory syncytial virus (RSV).

Comprehensive Statewide Influenza Surveillance: http://www.floridahealth.gov/diseases-and-conditions/influenza/Florida%20Influenza%20Surveillance%20Reports/index.html

Figure 7: Percentage of ILI from ED Chief Complaints, Florida ESSENCE - Duval County Participating Hospitals (n=8)

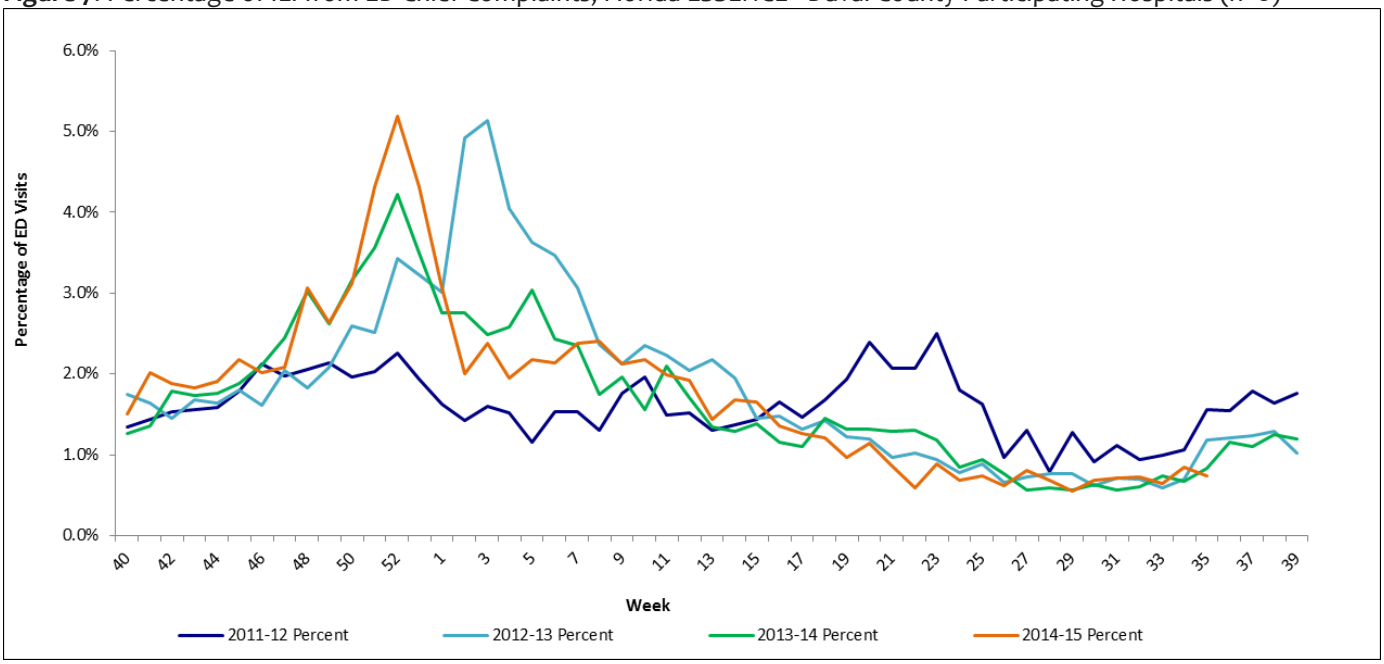
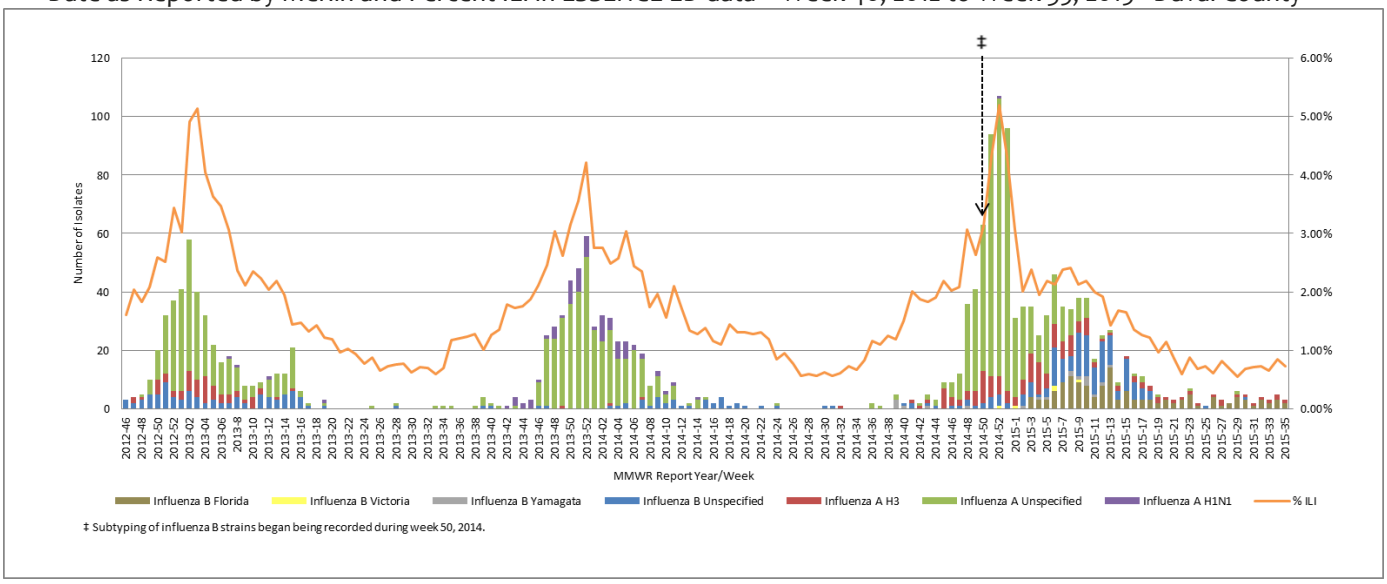


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 46, 2012 to Week 35, 2015 - Duval County



Respiratory Virus Surveillance (Local Hospital Data)

Summary

Circulation of influenza and RSV remained at low levels for the month of August. RSV season for the North Region of Florida traditionally runs from September to March. There were no cases of influenza reported by local hospital data for the month of August (0/93) (Figure 9 and Figure 10). The percent positive for RSV specimens during the month of August was 1.02% (1/98) (Figure11). In July, the percent positive for influenza was 3.23% and for RSV was 1.96%.

Figure 9: Local Weekly Hospital Influenza A Surveillance Data- Reported From 8/04/2013-8/16/2015*

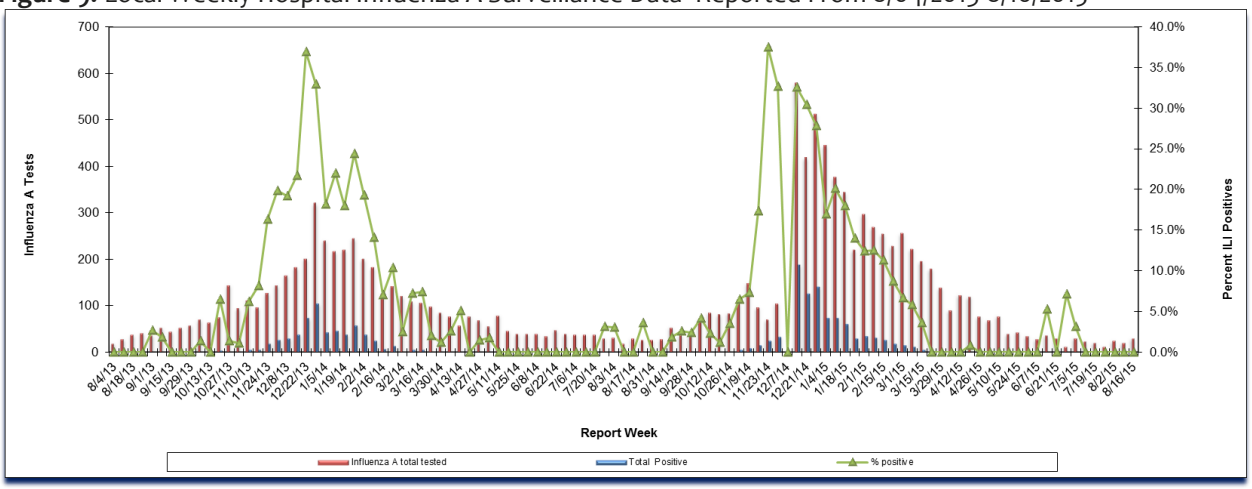


Figure 10: Local Weekly Hospital Influenza B Surveillance Data- Reported From 8/04/2013-8/16/2015*

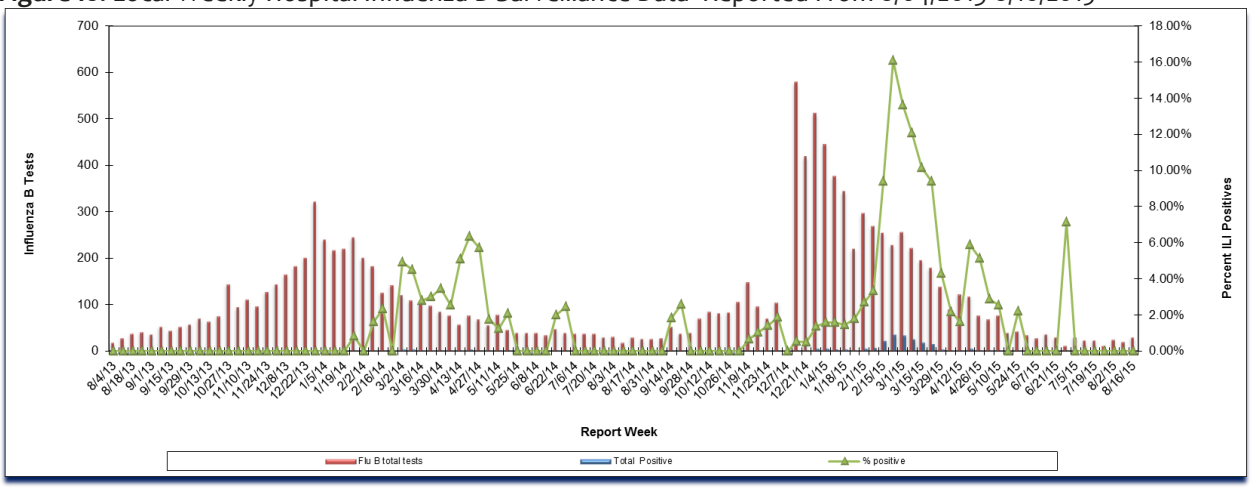
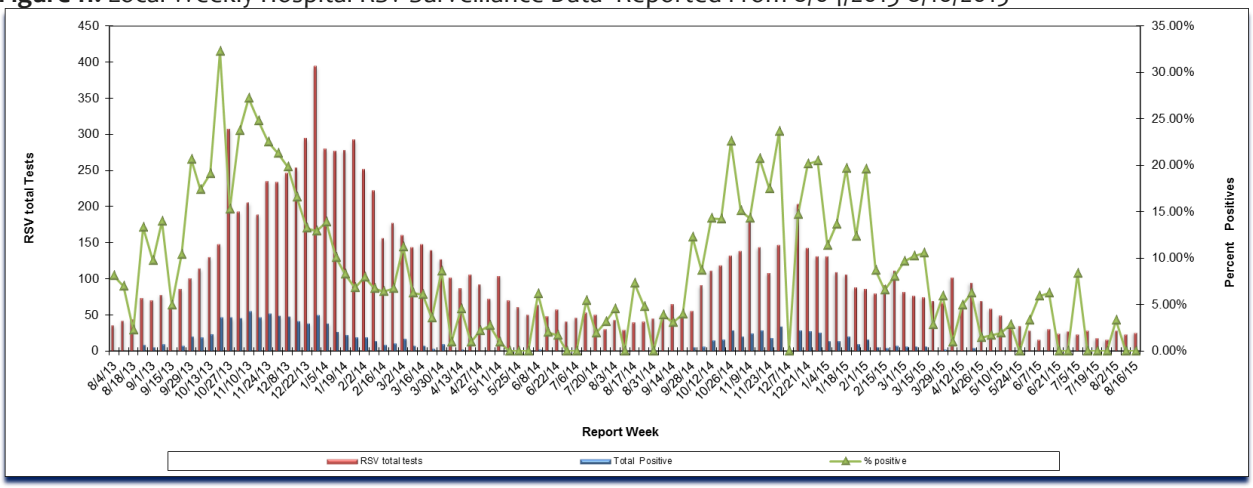


Figure 11: Local Weekly Hospital RSV Surveillance Data- Reported From 8/04/2013-8/16/2015*



* Data was not reported for week 50, 2014

Florida Mosquito-Borne Disease Summary

Summary

MBI surveillance utilizes monitoring of arboviral seroconversions in sentinel chicken flocks, human surveillance, monitoring of mosquito pools, veterinary surveillance, and wild bird surveillance. MBI surveillance in Florida includes endemic viruses West Nile Virus (WNV), Eastern Equine Encephalitis Virus (EEEV), St. Louis Encephalitis Virus (SLEV), and Highlands J Virus (HJV), and exotic viruses such as Dengue Virus (DENV) and California Encephalitis Group Viruses (CEV).

Figure 12: Florida Arbovirus Surveillance (January 1- September 5, 2015)

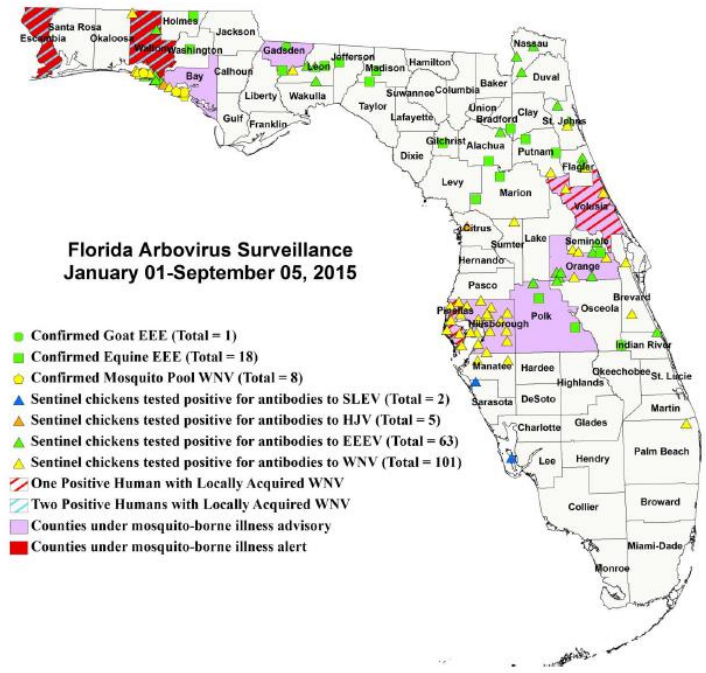


Table 1: Florida Mosquito-Borne Disease Surveillance Summary
Year to Date (through September 5, 2015)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds	Goats
West Nile Virus	6	-	101	-	-
St. Louis Encephalitis Virus	-	-	2	-	-
Highlands J Virus	-	-	5	-	-
California Encephalitis Group Viruses	-	-	-	-	-
Eastern Equine Encephalitis Virus	-	18	63	-	1

State of Florida 2014 Human Case Summary

West Nile Virus Illnesses Acquired in Florida: A total of six human cases of WNV illness acquired in Florida have been reported in 2015; two in Escambia County (July), one in Pinellas County (July), one in Volusia County (July), and two in Walton County (June).

International Travel-Associated Chikungunya Fever Cases: Fifty-one cases of chikungunya with onset in 2015 have been reported in individuals with travel history to a chikungunya endemic country or area experiencing an outbreak in the two weeks prior to onset. Countries of origin were: Bolivia, Colombia (13), Ecuador, El Salvador (2), Guatemala (2), Haiti (2), Honduras (4), India (2), Jamaica (2), Mexico (5), Nicaragua (11), Puerto Rico (3), Trinidad and Tobago, Venezuela, and Virgin Islands. Counties reporting cases were: Brevard, Broward (8), Collier, Duval (2), Escambia, Hillsborough (3), Lake, Martin, Miami-Dade (17), Monroe, Orange (3), Osceola, Palm Beach (4), Pinellas, Sarasota, Seminole (3), and Volusia (2).

International Travel-Associated Dengue Fever Cases: Thirty-three cases of dengue with onset in 2015 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: Bangladesh, Brazil (5), Colombia, Costa Rica, Cuba (9), Dominican Republic (3), Haiti (3), Honduras, India, Jamaica, Mexico, Philippines (2), Puerto Rico, Thailand, and Venezuela (2). Counties reporting cases were: Clay, Hernando, Hillsborough (3), Broward (5), Lee, Miami-Dade (14), Monroe (2), Orange, Palm Beach, St. Johns, St. Lucie (2), and Seminole. Four cases were reported in non-Florida residents. In 2015, 16 of the 33 cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted

International Travel-Associated Malaria Cases: Thirty-three cases of malaria with onset in 2015 have been reported. Countries of origin were: Angola, Cameroon (3), Dominican Republic (2), Eritrea, Gabon, Ghana (5), Guatemala, Haiti (4), India (4), Malawi, Nigeria (5), South Sudan, Sudan (2), Tanzania, and Uganda. Counties reporting cases were: Broward (7), Charlotte, Collier, Duval, Escambia, Hillsborough (2), Lee, Monroe, Miami-Dade (10), Orange (2), Osceola, Pinellas, Palm Beach (3), and Sarasota. Eight of the cases were reported in non-Florida residents.

Twenty-six cases (79%) were diagnosed with Plasmodium falciparum. Six cases were diagnosed with Plasmodium vivax (18%). One case (3%) was diagnosed with Plasmodium malariae.

Resources *See the following web site for more information:* http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html

Other notable trends and statistics

Notable Trends and Statistics-Local Increase in Cough Associated with Return to School, Duval County 2015

ESSENCE-FL is reporting a notable increase in cough illness beginning at the end of August and continuing through the first week of September, although it would appear that flu season has started early, this increase is actually associated with the return of students to school and the marked increase in common cold activity. This phenomenon has been reported throughout the state of Florida for the previous five years. The graph below represents the Duval County emergency department visits with the chief complaint of cough from June through September. The dark blue line represents the 2015 year while the aqua line represents the 2014 year. Although the most apparent increase is within the cough illness visits, this trend has also been documents regarding visits associated with influenza and asthma. This increase is likely due to the inability of ESSENCE to differentiate between influenza and the common cold using chief complaint data. This spike in illness is also seen with gastro-intestinal illness as well.

Figure 13: Emergency Department Visits Chief Complaint of Cough June-September of 2014 and 2015

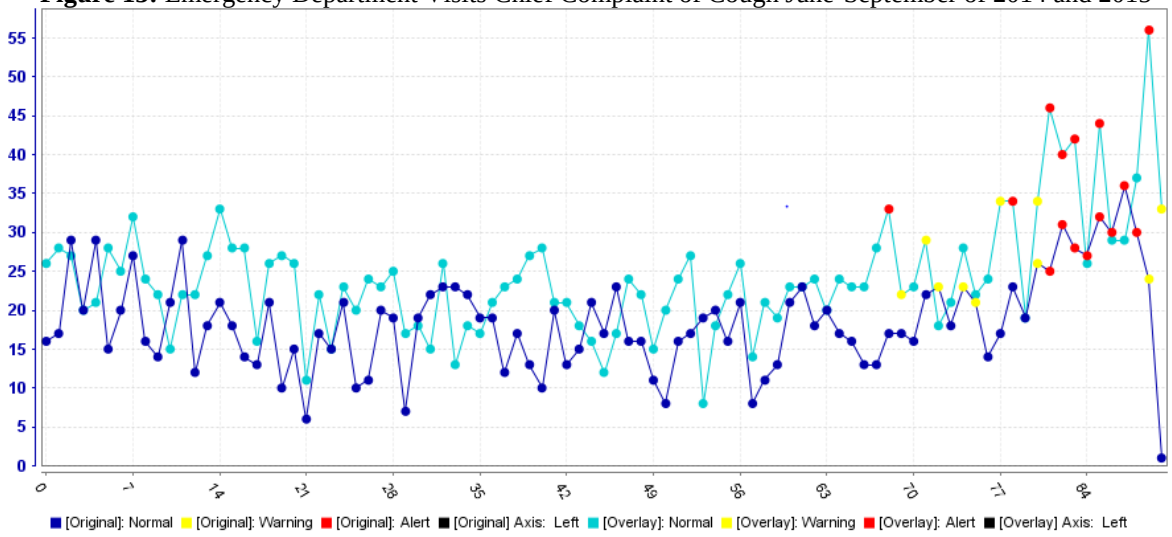


Table 2: Tuberculosis (TB) Surveillance – Duval County - 1/1/2015 through 08/31/2015 – All data are provisional

Forty-three (43) cases of TB were reported by Duval County in 2014.

Demographics and risk factors of TB cases reported year-to-date for 2015.

	Count	Total Cases	Percent
Gender			
Male	24	36	66.70%
Female	12	36	33.30%
Country of Origin			
U.S.	29	36	80.60%
Non-U.S.	7	36	19.40%
Age Group			
0-9	4	36	11.10%
10-19	7	36	19.40%
20-29	0	36	0.00%
30-39	4	36	11.10%
40-49	7	36	19.40%
50-59	7	36	19.40%
≥ 60	7	36	19.40%

	Count	Total Cases	Percent
Risk Factors			
Excess alcohol use within past year	9	36	25.00%
HIV co-infection*	3	36	8.30%
Drug use within past year	9	36	25.00%
Homeless	6	36	16.70%
Incarcerated at diagnosis	0	36	0.00%
Unemployed	16	36	44.40%
Race/ Ethnicity			
Asian	4	36	11.10%
Black	20	36	55.60%
White	12	36	33.30%
Hispanic**	2	36	5.60%
Drug Resistance			
Resistant to isoniazid***	1	19	5.30%

* 2 people has not been offered HIV testing at the time of this report

** Ethnicity is separate from race. A person can be in a race count and in ethnicity (e.g. White Hispanic)

*** For drug resistance testing, the total cases reflect the cases that have susceptibility testing completed.

For more tuberculosis surveillance data see: http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-statistics/

Recently Reported Diseases/Conditions in Florida

Table 3: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, August 2015

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2015	2014	Mean†	Median¶	2015	2014	2015	2014	Mean†	Median¶	2015	2014
A. Vaccine Preventable Diseases												
Diphtheria	**0**	0	0	0	0	0	**0**	0	0	0	0	0
Measles	**0**	0	0	0	0	0	**0**	0	0	0	11	0
Mumps	**0**	0	0	0	0	0	**2**	0	0.6	0	8	0
Pertussis	**5**	4	4.8	4	30	42	**37**	60	58.2	60	239	586
Rubella	**0**	0	0	0	0	0	**0**	0	0	0	1	0
Tetanus	**0**	0	0	0	0	0	**0**	0	0.2	0	2	2
Varicella	**2**	1	3	2	31	30	**43**	27	41.4	40	501	376
B. CNS Diseases & Bacteremias												
Creutzfeldt-Jakob Disease	**0**	0	0	0	0	0	**2**	0	1.8	2	21	13
H. influenzae (invasive)	**0**	2	2	2	8	13	**14**	9	14.6	16	120	203
Meningitis (bacterial, cryptococcal, mycotic)	**0**	0	1.2	1	10	13	**14**	6	12.4	13	93	89
Meningococcal Disease	**0**	0	0	0	0	2	**2**	2	1.8	2	18	30
Staphylococcus aureus (VISA, VRSA)	**0**	0	0	0	1	0	**0**	0	0	0	5	0
Streptococcus pneumoniae (invasive disease)												
Drug resistant	**1**	0	1.2	1	9	14	**9**	9	20	21	113	333
Drug susceptible	**0**	0	0.2	0	5	20	**5**	8	17.8	19	183	339
Streptococcal Disease, Group A, Invasive	**0**	0	0.6	0	0	8	**0**	0	16.6	20	0	184
C. Enteric Infections												
Campylobacteriosis	**10**	14	9.2	9	70	63	**186**	225	206.6	219	1542	1587
Cryptosporidiosis	**6**	30	9.2	5	26	48	**170**	437	128.6	55	552	849
Cyclosporiasis	**0**	0	0	0	1	0	**8**	6	7.4	6	21	28
E. coli: Shiga Toxin-Producing (STEC)	**1**	0	0.2	0	3	2	**14**	13	12.6	13	49	90
Giardiasis	**4**	6	7	5	41	31	**114**	145	154.4	145	688	767
Hemolytic Uremic Syndrome	**0**	0	0	0	0	0	**0**	0	0.4	0	4	4
Listeriosis	**0**	0	0.6	0	0	1	**7**	6	5.2	6	31	26
Salmonellosis	**34**	51	54.6	53	179	191	**660**	707	766.4	765	3476	3438
Shigellosis	**5**	0	14.6	7	95	43	**136**	172	173.4	171	1342	1726
Typhoid Fever	**0**	0	0	0	0	0	**0**	2	1.8	2	6	12

Recently Reported Diseases/Conditions in Florida

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2015	2014	Mean†	Median¶	2015	2014	2015	2014	Mean†	Median¶	2015	2014
D. Viral Hepatitis												
Hepatitis A	**1**	0	0.2	0	1	0	**15**	7	11.6	10	93	76
Hepatitis B, Acute	**3**	0	0.2	0	14	9	**47**	28	25.2	24	338	254
Hepatitis B +HBsAg in pregnant women	**3**	2	4	4	21	34	**46**	30	35.6	37	320	342
Hepatitis C, Acute	**1**	1	0.2	0	3	8	**22**	14	14	14	123	135
E. Vector Borne, Zoonoses												
Animal Rabies	**0**	1	0.2	0	0	1	**6**	11	10.4	11	47	59
Chikungunya Fever	**2**	0	0	0	2	3	**13**	75	15	0	104	202
Ciguatera	**0**	0	0	0	0	0	**4**	22	12.2	10	27	50
Dengue Fever	**0**	0	0.2	0	0	0	**8**	14	23.2	16	36	68
Eastern Equine Encephalitis††	**0**	0	0	0	0	0	**0**	0	0.2	0	0	1
Ehrlichiosis/Anaplasmosis¶¶	**0**	0	0	0	0	1	**4**	4	2.8	-	19	31
Leptospirosis	**0**	0	0	0	0	0	**0**	0	0.2	0	1	0
Lyme Disease	**2**	0	0.2	0	2	1	**37**	40	25.2	23	120	97
Malaria	**1**	0	0.8	1	3	1	**4**	10	12.6	10	35	48
St. Louis Encephalitis††	**0**	0	0	0	0	0	**0**	0	0	0	0	0
West Nile Virus††	**0**	0	3.4	-	0	0	**4**	3	5.9	-	7	4
F. Others												
Botulism-infant	**0**	0	0	0	0	0	**0**	0	0	0	0	0
Brucellosis	**0**	0	0	0	0	1	**3**	0	0.6	0	10	3
Carbon Monoxide Poisoning	**0**	0	0	0	2	1	**31**	9	8	7	149	92
Hansens Disease (Leprosy)	**0**	0	0	0	2	0	**2**	2	1.6	2	15	6
Legionellosis	**4**	0	1.8	2	14	7	**43**	36	25.2	23	219	203
Vibrios	**0**	2	1.6	-	7	5	**21**	25	21.8	-	134	108

***** Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2015 is provisional. May include Non-Florida Cases.

† Mean of the same month in the previous five years

¶ Median for the same month in the previous five years

****** Includes *E. coli* O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped, (Please note that suspect cases are not included in this report)

†† Includes neuroinvasive and non-neuroinvasive

¶¶ Includes *E. ewingii*, HGE, HME, and undetermined

Recently Reported Diseases/Conditions in Florida

Table 4: Duval County Reported Sexually Transmitted Disease for Summary for August 2015

Infectious and Early Latent Syphilis Cases

Sex	Area 4	%	Duval	%
Male	12	86%	10	83%
Female	2	14%	2	17%
Race	**Area 4**	**%**	**Duval**	**%**
White	4	29%	3	25%
Black	10	71%	9	75%
Hispanic	0	0%	0	0%
Other	0	0%	0	0%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	0	0%	0	0%
15-19	1	7%	1	8%
20-24	2	14%	1	8%
25-29	5	36%	5	42%
30-39	4	29%	3	25%
40-49	2	14%	2	17%
50+	0	0%	0	0%
Total Cases	14		12	

Chlamydia Cases

Sex	Area 4	%	Duval	%
Male	167	29%	134	29%
Female	402	71%	326	71%
Race	**Area 4**	**%**	**Duval**	**%**
White	113	20%	68	15%
Black	257	45%	246	53%
Hispanic	23	4%	21	5%
Other	176	31%	125	27%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	4	1%	3	1%
15-19	147	26%	114	25%
20-24	216	38%	173	38%
25-29	99	17%	83	18%
30-39	76	13%	63	14%
40-54	22	4%	20	4%
55+	5	1%	4	1%
Total Cases	569		460	

Gonorrhea Cases

Sex	Area 4	%	Duval	%
Male	119	59%	105	59%
Female	83	41%	72	41%
Race	**Area 4**	**%**	**Duval**	**%**
White	28	14%	19	11%
Black	114	56%	107	60%
Hispanic	5	2%	5	3%
Other	55	27%	46	26%
Age	**Area 4**	**%**	**Duval**	**%**
0-14	0	0%	0	0%
15-19	41	20%	38	21%
20-24	59	29%	51	29%
25-29	43	21%	38	21%
30-39	38	19%	31	18%
40-54	15	7%	14	8%
55+	6	3%	5	3%
Total Cases	202		177	

Please note that STD numbers are provisional.

* Area 4 consists of Baker, Clay, Duval, Nassau, and St. Johns

For more STD surveillance data see: http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/std-statistics/

Data Dictionary

Merlin: The Merlin system is essential to the control of disease in Florida. It serves as the state's repository of reportable disease case reports, and features automated notification of staff about individual cases of high-priority diseases. All reportable disease data presented for this report has been abstracted from Merlin, and as such are provisional. Data collected in Merlin can be viewed using http://www.floridacharts.com/merlin/freqrpt.asp.
Event Date: Reportable diseases and conditions presented within this report are reported by event date. This is the earliest date associated with the case. In most instances, this date represents the onset of illness. If this date is unknown, the laboratory report date is utilized as the earliest date associated with a case.

ILINet (previously referred to as the *Sentinel Provider Influenza Surveillance Program*): The Outpatient Influenza-like Illness Surveillance Network (ILINet) consists of more than 3,000 healthcare providers in all 50 states, the District of Columbia, and the U.S. Virgin Islands reporting over 25 million patient visits each year. Each week, approximately 1,400 outpatient care sites around the country report data to CDC on the total number of patients seen and the number of those patients with ILI by age group. For this system, ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. The percentage of patient visits to healthcare providers for ILI reported each week is weighted on the basis of state population. This percentage is compared each week with the national baseline of 2.5%. Duval County has 5 ILInet providers that contribute to the state and national data.

NREVSS: The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic patterns associated with the detection of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), respiratory and enteric adenoviruses, and rotavirus.

MMWR week: The week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of *Morbidity and Mortality Weekly Report* (*MMWR*) disease incidence reporting and publishing. Values for *MMWR* week range from 1 to 53, although most years consist of 52 weeks.

Syndromic Surveillance: An investigational approach where epidemiologists use automated data acquisition and generation of statistical signals, monitor disease indicators continually (real time) or at least daily (near real time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health surveillance (e.g., reportable disease surveillance and telephone consultation).

ESSENCE: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (**ESSENCE**) is a syndromic surveillance system for capturing and analyzing public health indicators for early detection of disease outbreaks. ESSENCE utilizes hospital emergency department chief complaint data to monitor disease indicators in the form of syndromes for anomalies. ESSENCE performs automatic data analysis, establishing a baseline with a 28-day average. Daily case data is then analyzed against this baseline to identify statistically significant increases. A yellow flag indicates a warning and a red flag indicates an alert. Currently, all eight Duval County Hospitals are sending ED data to the ESSENCE system; an additional 5, three in Clay, one in St Johns, and one in Nassau County, provide regional coverage. The 13 reporting hospitals in our region include Baptist Beaches (Duval), Baptist Clay (Clay), Baptist Downtown (Duval), Baptist Nassau (Nassau), Baptist South (Duval), Flagler (St. Johns), Memorial (Duval), Mayo (Duval), Orange Park (Clay), Shands Jacksonville (Duval), St. Vincent's (Duval), St. Vincent's Clay (Clay), and St. Vincent's Southside (Duval).

Chief Complaint (CC): The concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for a medical encounter.

Syndrome: A set of chief complaints, signs and/or symptoms representative of a condition that may be consistent with a CDC defined disease of public health significance. ESSENCE syndrome categories include botulism-like, exposure, fever, gastrointestinal, hemorrhagic, ILI, neurological, rash, respiratory, shock/coma, injury, and other.

Count: The number of emergency department visits relating to a syndrome of query.

Other Links and Resources:
Florida Department of Health, Bureau of Epidemiology: http://www.doh.state.fl.us/disease_ctrl/epi/index.html
Florida Annual Morbidity Reports: http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html
Influenza Surveillance Reports:
http://www.floridahealth.gov/diseases-and-conditions/influenza/florida-influenza-weekly-surveillance.htm

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Effective June 4, 2014

Did you know that you are required* to report certain diseases to your local county health department?

DOH-Duval Disease reporting telephone numbers:
AIDS, HIV - (904) 253-2989, (904) 253-2955
STD - (904) 253-2974, Fax - (904) 253-2601
TB Control - (904) 253-1070, Fax - (904) 253-1943
All Others- (904) 253-1850, Fax - (904) 253-1851
After Hours Emergency - (904) 434-6035

! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
☎ Report immediately 24/7 by phone
• Report next business day
+ Other reporting timeframe

- ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
- + Acquired immune deficiency syndrome (AIDS)
- ☎ Amebic encephalitis
- ! Anthrax
- • Arsenic poisoning
- • Arboviral diseases not otherwise listed
- ! Botulism, foodborne, wound, and unspecified
- • Botulism, infant
- ! Brucellosis
- • California serogroup virus disease
- • Campylobacteriosis
- + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
- • Carbon monoxide poisoning
- • Chancroid
- • Chikungunya fever
- ☎ Chikungunya fever, locally acquired
- • Chlamydia
- ! Cholera (*Vibrio cholerae* type O1)
- • Ciguatera fish poisoning
- + Congenital anomalies
- • Conjunctivitis in neonates <14 days old
- • Creutzfeldt-Jakob disease (CJD)
- • Cryptosporidiosis
- • Cyclosporiasis
- • Dengue fever
- ☎ Dengue fever, locally acquired
- ! Diphtheria
- • Eastern equine encephalitis
- • Ehrlichiosis/anaplasmosis
- • *Escherichia coli* infection, Shiga toxin-producing
- • Giardiasis, acute
- ! Glanders
- • Gonorrhea
- • Granuloma inguinale
- ! *Haemophilus influenzae* invasive disease in children <5 years old
- • Hansen's disease (leprosy)
- ☎ Hantavirus infection
- ☎ Hemolytic uremic syndrome (HUS)
- ☎ Hepatitis A
- • Hepatitis B, C, D, E, and G
- • Hepatitis B surface antigen in pregnant women or children <2 years old
- ☎ Herpes B virus, possible exposure
- • Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
- + Human immunodeficiency virus (HIV) infection
- • HIV, exposed infants <18 months old born to an HIV-infected woman
- • Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children <12 years old
- ! Influenza A, novel or pandemic strains
- ☎ Influenza-associated pediatric mortality in children <18 years old
- • Lead poisoning
- • Legionellosis
- • Leptospirosis
- ☎ Listeriosis
- • Lyme disease
- • Lymphogranuloma venereum (LGV)
- • Malaria
- ! Measles (rubeola)
- ! Melioidosis
- • Meningitis, bacterial or mycotic
- ! Meningococcal disease
- • Mercury poisoning
- • Mumps
- + Neonatal abstinence syndrome (NAS)
- ☎ Neurotoxic shellfish poisoning
- ☎ Pertussis
- • Pesticide-related illness and injury, acute
- ! Plague
- ! Poliomyelitis
- • Psittacosis (ornithosis)
- • Q Fever
- ☎ Rabies, animal or human
- ! Rabies, possible exposure
- ! Ricin toxin poisoning
- • Rocky Mountain spotted fever and other spotted fever rickettsioses
- ! Rubella
- • St. Louis encephalitis
- • Salmonellosis
- • Saxitoxin poisoning (paralytic shellfish poisoning)
- ! Severe acute respiratory disease syndrome associated with coronavirus infection
- • Shigellosis
- ! Smallpox
- ☎ Staphylococcal enterotoxin B poisoning
- ☎ *Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
- • *Streptococcus pneumoniae* invasive disease in children <6 years old
- • Syphilis
- ☎ Syphilis in pregnant women and neonates
- • Tetanus
- • Trichinellosis (trichinosis)
- • Tuberculosis (TB)
- ! Tularemia
- ☎ Typhoid fever (*Salmonella* serotype Typhi)
- ! Typhus fever, epidemic
- ! Vaccinia disease
- • Varicella (chickenpox)
- ! Venezuelan equine encephalitis
- • Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
- ! Viral hemorrhagic fevers
- • West Nile virus disease
- ! Yellow fever

*Section 381.0031 (2), *Florida Statutes* (*F.S.*), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), *F.S.* provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners…"